

# Protective Services for Adults

## An Overview

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## How does APS differ from CPS

- Adults have more Civil Rights than children. Adults
    - Can live where they want
    - Can live with whom they want to
    - Can live how they want to
- That is as long as the adult can understand the risk(s) they are facing and can adequately explain the basis for their decisions.
- Right of self determination

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## APS can not rescue an adult against their will

- Almost all APS interventions are voluntary interventions.
- When legal intervention is considered, the principle of least restrictive intervention is observed.
- Even when capacity is in question an adult can not be removed from an unsafe situation unless either there is:
  - a basis for involuntary hospitalization (2 PC) or
  - a legal intervention such as guardianship is implemented.

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### Other Differences from CPS

- No mandated reporting in New York
- Cases are not indicated, there are no expungement hearings
- APS is much smaller than CPS. Currently we have 29 caseworkers with 26 having field capacity.

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### Set up of Adult Services Bureau

- - **Staff** – We are much smaller than CPS. APS currently has 29 caseworkers, of which 26 are field workers.
- 4 Geographic Field Teams with 24 caseworkers.
- Guardianship/Intake Unit with four caseworkers
- Family Type Adult Home Senior caseworker

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### Who are APS clients

- Vulnerable Adults who are at risk
- Can be as young as 18 to as old as over 100.
- 65% of those referred are 60 or older
- 30% of those referred are 80 or older

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How do we determine a person is eligible for Protective Services for Adults

- There are three (3) Criteria that must be met or unable to be ruled out.

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Criteria #1

- Person has to be 18 years of age or older and must have a physical and/or mental incapacity. This incapacity prevents the person from protecting himself/herself from risk or harm which may come about as a result of his/her own actions, the actions of others or from meeting basic essential needs.
- Disability and/or advanced age alone does not automatically make an individual eligible for PSA.

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Criteria #2

- A person must be at risk of harm from the actions of themselves or others or they must have unmet basic essential needs
- APS is not a preventive service
- Types of risks include different forms of abuse and neglect

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### Important issue for APS is the under reporting of elder/adult abuse

- It is estimated that 1 in 14 adults over 60 are victims of abuse
- It is believed that in only 1 in 5 of these cases is the abuse/neglect reported.
- There was an eight percent increase in referrals in 2012 and a corresponding 13 percent increase in caseloads.

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### Why isn't elder/adult abuse reported

- Victims are often socially isolated by their abuser
- They may be incapable mentally and/or physically to report the abuse
- They may fear retribution
- They may have conflicted feelings if the abuser is an adult child/grandchild who is mentally ill, alcohol dependent or a substance abuser. Victim may believe they are somehow responsible for their child/grandchild's problems or they may not want to see the abuser arrested.

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### Why under reported continued

- Abuser may have convinced victim that the abuse is their fault. What they did caused the abuse to occur.
- They may believe that the abuser doesn't mean it. Things will get better if they do nothing
- Fear of the unknown. What happens if the abuser is removed?

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## Why under reported continued

- Societal attitudes also contribute to under reporting
  - These are adults and there is often an attitude that it is none of my business
  - No one wants to believe this type of abuse takes place in their neighborhood by their neighbors, friends, family etc.
  - Perception that elder/adult abuse is not as important as child abuse

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## Categories of Abuse for APS

- 1) Physical Abuse- any intentional act that causes injury or harm
  - Examples include slapping, hitting, punching, burning etc.
  - Possible Indicators, if not witnessed, can be bruises, fractures, black eyes etc. or essentially any injury for which the explanation given for the injury is inconsistent with that injury.

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## Categories of Abuse for APS

- 2) Psychological/Verbal Abuse
  - The infliction of emotional pain or distress
  - Examples can be threats, humiliation, cursing, intimidation, yelling at, coercion.
  - Possible indicators, if not witnessed, can be depression, confusion or other dementia type symptoms, anxiety, fear.
  - Victim has an unequal relationship with the abuser

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## Categories of Abuse for APS

- 3) Sexual Abuse
  - Any non-consensual sexual contact or consensual sexual contact with an individual who no longer has capacity to consent, (advanced dementia or serious mental illness) or with an individual who never had the capacity to consent, (severe developmental disability)
  - Possible indicators can be injuries to genital areas or breasts, sexually transmitted diseases, as well as depression, dementia type behavior and/or anxiety.

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## Categories of Abuse for APS

- 4) Financial Abuse/Exploitation – the theft or misuse of a person’s income and/or resources.
  - Examples can be fraud, forgery, transfers of assets, changes of names on accounts or property, POA abuse, theft of possessions and money.
  - Possible indicators could be changes in banking habits, unpaid bills when sufficient income or resources are present, ATM usage, unusual credit card purchases or transfers of funds

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## Categories of Neglect

- 1) Caregiver Neglect
  - Failure to meet the needs of person being cared for.
  - Decisions being made not in victim's best interest
  - Can be active or passive
  - Caregiver does not have to be family member
  - Possible signs of caregiver neglect
    - Malnutrition, dehydration, bedsores, poor hygiene, inadequate clothing, substandard housing , inadequate medications.

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## Crimes against PSA Clients

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- Abuse and severe caregiver neglect may rise to the level of a crime
- PSA workers are required to report such crimes to the Police and/or District Attorney's Office. In Suffolk we have initiated a referral to the DA as early as a few days after receiving an APS referral.
- If an intake worker suspects a crime has been committed the reporting party is counseled to contact the police.

## Categories of Neglect

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- 2) Self Neglect
  - Historically, approximately 50% of referrals allege some form of self neglect. In calendar year 2011 this number was slightly higher at 54%. In calendar year the percentage grew to 55% of cases were identified as self-neglect.
  - Self neglect is the failure of an individual to maintain adequate
    - Housing
    - Food
    - Clothing
    - Medical or mental health care etc.

## Examples of Self Neglect

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- Severe clutter
- Lack of utilities and/or heat
- Filth
- Excessive numbers of animals
- Insect and/or rodent infestations
- Inadequate or non-existent medical care
- Lack of medications or medications not taken properly
- Poor hygiene and/or clothing
- Untreated mental illness
- Homelessness

### Criteria # 3

- There must be no one willing and able to assist responsibly
- Are there family members, friends or other individuals able to assist ?
- Is there another agency already involved ?
- Setting the plan "discharge to APS" is NOT an appropriate plan for a child aging out of foster care or preventive services. APS can assist in a plan in place for the child if the child meets APS criteria.

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### Intake Unit Entry point to APS

- Call the Intake Unit at 854-3232.
- Intake workers #'s : 854-3195, 854-3196 or 854-3197
- PSA assessment done by Intake Unit worker
- Referral is either rejected or accepted for field team assessment
- Referrals are accepted for investigation if all three required criteria are met.
- If rejected, referring party is advised of this decision and given the basis for rejection

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### Field Team Assessments

- Visit made within 3 working days unless potential life threatening or serious harm condition is indicated. In such cases a visit is made within 24 hours
- Initial visits are almost always made to the person's residence

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### Caseworker's initial visit

- Caseworker will attempt to interview the client alone. If abuse or neglect is alleged they will also attempt to interview the alleged abuser/neglector if present
- Caseworker during first visit will attempt to secure information from client regarding:
  - Medical conditions, medications, names of physicians etc.
  - Family, friends, neighbors, agencies involved etc.
  - Income and resources

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### During 60 day assessment period Caseworker may

- Apply for needed benefits
- Assist with securing any needed medical care and/or medications
- Attempt to obtain food or other needed items from community resources
- Attempt to contact family members, neighbors friends for information and assistance
- Make referrals to mental health resources if appropriate
- Assist if needed with obtaining orders of protection

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### At the end of assessment period

- New PSA assessment is completed
- If individual is determined to be eligible for PSA a case is opened and the client is visited on at least a once a month basis for as long as the person continues to be eligible for PSA
- If the individual is determined to be ineligible for PSA, due to one or more of the criteria not being present, the referral is resolved.

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### When voluntary services are ineffective

- Decision is made whether to transfer active APS case to the Guardianship Team. The eligibility determination is made based on degree of risk combined with the individual's understanding of the risk they are facing.
- If guardianship is decided upon, a petition is drafted to ask the Court to appoint an adult guardian for this individual to manage their financial affairs and/or personal needs
- If guardianship is established and a guardian cannot be found, under certain criteria the case can be referred to the Community Guardianship program.

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### Family Type Adult Homes

- New York State issues the licenses for these homes based on our recommendations.
- These homes provide a family type atmosphere for up to 4 persons who have been determined by a physician to require the supervision and support services these homes provide.
- They are an alternative to the larger more impersonal proprietary adult homes.
- **Most of the Family Type Adult Homes accept the Level I SSI rate.**

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### Services

- Other Services provided:
- Financial Management
  - Representative Payee
  - Assistance with PA, Medicaid, Food Stamps applications
  - Case planning to identify needed resources: Meals on Wheels, Adult Day Care, etc.
  - Social Admissions at hospitals. These are authorized when a **viable plan of action has been identified** to establish a safe placement for a client, but there is no current safe residence for the individual to reside in. Most social admissions are requested by hospital staff. There is a limit of 30 days for social admissions.

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